**The Humane Society for Inland Mendocino County**

9700 Uva Drive, Redwood Valley, CA 95470 (707) 485-0123  
Email: [hsimc@pacific.net](mailto:hsimc@pacific.net) Fax: (707) 485-0351

**Cat Adoption Application**

Name of Cat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE FILL OUT THIS FORM AS ACCURATELY AND COMPLETELY AS POSSIBLE

Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you **RENT** or **OWN** your home? If you rent, how long at this residents? \_\_\_\_\_\_\_\_\_ HSIMC must have written or verbal confirmation from your landlord stating you have permission to have this animal at your residence. Please provide landlord/property management phone number and contact name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. HSIMC Rep.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Why do you want this cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have a cat/s? **Y** / **N** For how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Have you ever had a cat? **Y / N** When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Where is it now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Where will the cat be staying? **Indoors Only**\_\_\_\_ **Outdoors Only**\_\_\_\_\_ **Both\_\_\_\_\_\_\_\_\_**\_\_\_\_
8. If the cat will be **Outdoors Only**, What type of shelter will you provide?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do all members of the household want this cat? **Y / N**
10. Who will be the primary caregiver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Will you provide medical care and treatment as necessary? **Y / N**
12. Will you confine this cat for a reasonable amount of time (approx. 15 days) so it can adjust to its new environment? **Y / N**
13. How many other animals do you have? Cats\_\_\_\_\_ Dogs\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Who is your current veterinarian?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Have you ever had to give up an animal? **Y / N** If so, why and where did it go? \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. If you had to give up this cat what would you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. By adopting this cat, you are taking on the responsibility for its life. **You may be sharing your life with this cat for up to 20 years!** Cats depend upon their human companions for food, water, shelter, hygiene, companionship, and medical care. Are you willing and able to make this physical and financial life-long commitment? **Y / N**

I certify that the above information is true and correct. I understand that false information may void this application. I hereby accept possession and title of this cat “AS IS” and at my own risk. I release and waive any rights against The HSIMC, which I may have now or in the future for any damages to persons or property caused by this cat.

**Adopter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**HSIMC Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

Humane Society for Inland Mendocino County

**CAT ADOPTION CONTRACT**

**CAT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_**

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***As the adopting party, I agree to the following provisions:***

1. I will provide appropriate veterinary care and treatment for this cat including seeking care in the event of injury or

illness. I will not allow to let this cat to suffer unnecessarily.

2. I acknowledge that cats and kittens are usually playful and will race around rooms and climb on furniture. I will

provide appropriate scratching posts and toys for the cat and encourage it in a humane manner not to be

destructive. If any behavioral problems develop I will seek guidance from a qualified person as to how to correct

the problem.

3. I agree not to abuse, harm or neglect this cat. I authorize the HSIMC to determine at their sole discretion

whether the cat has been abused or neglected.

4. If for any reason I cannot keep this cat after adoption is final, I will notify HSIMC. HSIMC will make

arrangements to take the cat back with regards to space availability at HSIMC.

***There will be no refunds****.*

5. I agree to give HSIMC visitation rights to ensure that the terms of the adoption agreement are met.

6. I understand that the cat is as far as can be determined by HSIMC, in good health. HSIMC will not be responsible for

any medical costs after the adoption is final. I understand that I have been informed by HSIMC prior to adoption of any **known** past or present medical/behavioral conditions and I accept the cat ‘AS IS’.

7. I understand that failure to perform the forgoing agreement will constitute a breach of contract. In the event of

any breach of contract, I authorize the HSIMC to reclaim both possession and ownership of the cat at no cost to

HSIMC.

Adopter Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSIMC Rep \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only

Current on vaccines \_\_\_\_\_\_ Current on Rabies \_\_\_\_\_\_ Scanned for chip \_\_\_\_\_\_

On medication [ ] No [ ] Yes If so name, dosage, amount of time and reason for medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has all current medical records [ ] No [ ] Yes

If not, what records need to be retrieved?­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: AC\_\_\_Care-A-Van\_\_\_Yokayo\_\_\_East Hill\_\_\_Willits Animal Hospital\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #\_\_\_\_\_\_\_ Credit Card\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_ HSIMC REP\_\_\_\_\_\_\_\_

Any discount applied to adoption? [ ] No [ ] Yes Amount $\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer**

The Humane Society for Inland Mendocino County tries its best to have healthy animals available for adoption, however, due to being in a shelter environment many of the animals we take in have been exposed to typical dog and cat illnesses prior to our care. The most common problems we encounter are: Ringworm, Upper Respiratory (cold), Kennel Cough (in dogs), Parvovirus (in dogs), and Giardia or Coccidiosis (diarrhea), Tapeworm and Roundworm. We do our best to monitor every animal for health problems or illnesses while in our care and provide adopters with healthy animals, but some of these illnesses may go undetected at the time of adoption due to various incubation periods.

Symptoms of **Ringworm**: patches of missing fur/dry spots, especially around the face and paws

Symptoms of **Tapeworm**: rice like bits in the stool

Symptoms of **Roundworm**: looks like spaghetti (commonly vomited)

Symptoms of **Upper Respiratory**: sneezing, weepy eyes and stuffy/crusty nose

Symptoms of **Kennel Cough**: persistent coughing

Symptoms of **Parvovirus**: extreme fatigue, throwing up, diarrhea, and blood in the stool

**If you see any of these signs you should call a veterinarian right away.** Many of these are not life threatening and can be taken care of easily with the right medication. **However, Parvovirus is often deadly, especially for puppies, if the dog is not taken to a veterinarian for treatment right away.** Once you have taken care of your animal’s medical needs we ask that you notify the Humane Society of your animal’s illness so that we can notify other adopters and monitor the animals in our care for the illness.

All adopted animals from the Humane Society for Inland Mendocino County are on **a seven day trial visit**. If, for any reason, you want to return the animal during this seven day period you may do so, however ***we ask that you notify the shelter before you bring the animal in*** so that we have time to prepare proper housing accommodations for the animal. **Your adoption fee will be returned, by check within two weeks of the Humane Society receiving a signed surrender form relinquishing the animal to the Humane Society.** During your seven day trial period, if you chose to go to the veterinarian it will be at your own expense, we do provide adopters with a free “Well Pet Exam”, but anything that you elect to do with the animal at the visit will not be covered by the Humane Society, unless the Humane Society has given written consent ahead of time.

We are truly sorry if any inconveniences develop and will do our best to work with you in the event of any problems occurring. Please keep in mind that we do our best to properly care for our animals. Thank you for your understanding and thank you for adopting an animal from the Humane Society for Inland Mendocino County.

I have read and understood the above information.

Adopters Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSIMC Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_